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CONFIRMATION NO. 3685

<b>SERIAL NUMBER</b> 10/021,407	<b>FILING OR 371(c) DATE</b> 12/12/2001 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3736	<b>ATTORNEY DOCKET NO.</b> END-795
<b>APPLICANTS</b> Edward A. Rhad, Fairfield, OH; Lyn Freeman, West Chester, OH; Jessica M. Pyzoha, Cincinnati, OH;				
<b>** CONTINUING DATA *****</b> JF				
<b>** FOREIGN APPLICATIONS *****</b> JF				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 02/14/2002</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <u>JF</u> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> OH	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 12
				<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 000027777				
<b>TITLE</b> MRI compatible surgical biopsy device having a tip which leaves an artifact				
<b>FILING FEE RECEIVED</b> 870	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	